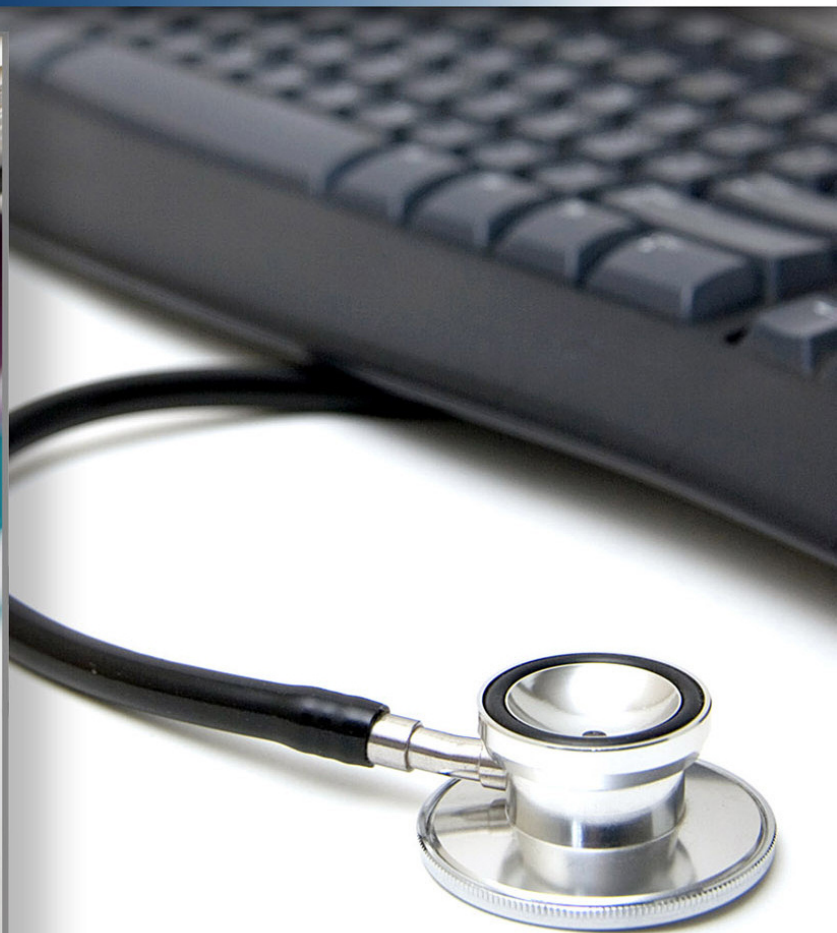




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Editor's message

Open access continued to be a topic of dialogue and debate in 2008. Many of you will recall the thought-provoking closing keynote speech given by Stephen Choi, Co-Editor of *Open Medicine*, at the Halifax conference. Choi was clearly preaching to the converted, yet we were no less appreciative of his argument for open access as a necessary countermeasure against some of the problems posed by current for-profit STM publishing. Last fall also inaugurated the world's first Open Access Day on 14 October 2008, scarcely a month after announcements about the introduction of the Fair Copyright in Research Works Act (H.R. 6845), a proposed bill that could undermine the National Institutes of Health Open Access (NIH OA) mandate by prohibiting any federal funding agency from making its funding contingent on a transfer of rights or licenses to the federal government. Here in Canada, 2008 brought some interesting and encouraging news on the open access front, with the finalizing of the first step in the PubMed Central Canada agreement between partners NRC-CISTI and CIHR. Precisely how these various initiatives and counterforces will shape the open access movement in 2009 and beyond remains to be seen, of course.

Meanwhile, JCHLA has also taken a further step in its commitment to open access. Thanks largely to the persistence and patience of a certain JCHLA reader and supporter, the journal will be listed in DOAJ (Directory of Open Access Journals) beginning with this issue.

Inclusion in DOAJ, however, has necessitated a revision of the JCHLA author copyright agreement. The new agreement brings our journal in line with comparable open access publications, such as the *Journal of the Medical Library Association*, and allows JCHLA to receive broader exposure. Essentially the revised agreement allows JCHLA authors to retain copyright while also giving readers the freedom to copy and distribute articles as needed and granting the journal the right to sublicense its content for inclusion in various full-text databases.

Although greater exposure for the journal is a positive development in itself, JCHLA cannot go to press without the efforts of its authors. Your contribution may take the form of a book review or a short program description. Or perhaps a research project will naturally arise from a question in your daily work, as it did for Christine Neilson, the author of this issue's peer-reviewed article titled "Which peer-reviewed journals publish the most on diabetes?"

As the new year begins, I invite you to share your ideas and research with a wider audience. Season's greetings!

Teresa Lee

Note: The second installment of Dean Giustini's column on teaching and learning will appear in JCHLA 30(1).

Message de l'éditrice

L'accès libre demeure un sujet de débat et de dialogue en 2008. Plusieurs d'entre vous se souviendront sans doute de l'allocution portant à la réflexion qu'a prononcée le rédacteur adjoint de la revue *Open Medicine*, Stephen Choi, lors du congrès à Halifax. Bien que M. Choi s'adressait, on en conviendra, à des convertis, nous n'en avons pas moins apprécié l'argumentation en faveur de l'accès libre comme idéal impératif pour contrer les injustices du lucratif modèle de publication actuel que constitue STM. On assistait l'automne dernier, plus précisément le 14 octobre 2008, à l'inauguration mondiale de la première Journée de l'accès libre, devenue presque imperceptible après les annonces du dépôt du projet de loi appelé « Fair Copyright in Research Works Act » (H.R. 6845), un projet de loi susceptible de miner le mandat de NIH OA (« National Institutes of Health Open Access ») en empêchant toute agence fédérale de financement de rendre son financement conditionnel au transfert des droits ou licences au gouvernement. Ici au Canada, l'année 2008 a été porteuse de nouvelles intéressantes autant qu'encourageantes à l'égard de l'accès libre, entre autre par l'achèvement de la première étape de l'entente PubMed Central Canada entre les partenaires que sont l'ICIST-CNRC et l'IRSC. La forme précise que ces divers mouvements adverses et ces initiatives donneront au mouvement de l'accès libre en 2009 et par la suite demeure, il va sans dire, inconnue.

Pendant ce temps, le JABSC s'est engagé davantage à l'égard de l'accès libre. Grâce particulièrement à l'insistance et à la patience d'un certain lecteur et supporter du JABSC, le journal sera dorénavant mentionné dans le DOAJ (« Directory of Open Access Journals ») et ce, dès la publication du présent numéro.

Cependant, l'inscription au DOAJ a obligé à la révision de l'entente relative aux droits d'auteur du JABSC. La nouvelle entente harmonise notre journal aux autres publications à accès libre comparables telles que le *Journal of the Medical Library Association*, et permet au JABSC une diffusion élargie. Essentiellement, l'entente révisée permet aux auteurs du JABSC de conserver leurs droits d'auteur tout en offrant aux lecteurs la possibilité de copier et de diffuser les articles au besoin, ainsi que d'assurer au journal le droit de fournir sous licence son contenu aux fins d'insertion dans diverses bases de données en format texte intégral.

Bien que le journal jouisse d'une diffusion accrue, le JABSC ne saurait aller sous presse sans compter sur les efforts de ses auteurs. Votre contribution peut prendre la forme d'une critique littéraire ou d'une brève description d'un programme. Peut-être un projet de recherche émanera-t-il tout naturellement d'une question soulevée lors de vos activités quotidiennes, comme ce fut le cas pour Christine Neilson, l'auteure de l'article révisé par les pairs et publié dans ce numéro dont le titre est : « Which peer-reviewed journals publish the most on diabetes? » (Quels journaux révisés par les pairs publient le plus fréquemment sur le diabète ?).

Avec la nouvelle année qui s'en vient à grands pas, je vous invite cordialement à partager vos idées et vos résultats de recherche avec un lectorat de plus en plus important. Mes meilleurs vœux vous accompagnent !

Teresa Lee

Nota : La deuxième parution de la chronique de Dean Giustini sur l'enseignement et l'apprentissage sera publiée dans le JABSC 30(1).

Which peer-reviewed journals publish the most on diabetes?¹

Christine J. Neilson and Daniel D. Neilson

Abstract: Objectives – A list of the major peer-reviewed journals that publish on diabetes has not been published to date. This article briefly describes a project to compile a list of peer-reviewed English-language journals that publish the most on the topic of diabetes. Methods – We used the PubMed and CINAHL Plus databases to identify relevant articles published in English between 2003 and 2007. The number of citations for each journal was totalled, and the peer-reviewed status of the journals topping the list was determined. Results – We present a list of 100 peer-reviewed journals relevant to the topic of diabetes that is based on a larger list compiled for the Canadian Diabetes Educator Certification Board. The list includes a mix of general medicine journals and specialty journals. Discussion – A number of technical setbacks were overcome to determine which scholarly journals publish the most articles of potential interest to health practitioners with an interest in diabetes. This list can inform the current awareness activities of librarians and health practitioners alike, and may be useful from the perspective of collection development.

Objectives

Since 2005, diabetes educators in Canada have had the option of maintaining their certification through a credit portfolio that documents participation in continuing education activities, including reading relevant peer-reviewed journal articles [1]. There are several journals devoted to diabetes, but diabetes is a complex condition that affects various body systems, so relevant articles could potentially be found in almost any health-related journal. To complicate matters further, it is not always obvious whether or not a journal is peer-reviewed.

A diabetes educator involved in administering the Canadian Diabetes Educator Certification Board's portfolio program approached one of the authors to obtain a list of the major peer-reviewed diabetes-related journals to help the program auditors determine which journal articles are acceptable for credit. A literature search and Web search for such a list did not return any relevant results, and a posting on the CANMED-lib listserv only resulted in responses from individuals who wanted a copy of the list as well once one was located. To fill this information gap, we compiled a list of peer-reviewed journals relevant to the subject of diabetes.

Methods

We searched the PubMed and CINAHL Plus databases for relevant articles that were published in English between

2003 and 2007, using a combination of subject headings and keywords. The search terms used for PubMed were "Diabetes Mellitus" [Mesh] OR diabet* OR "Hemoglobin A, Glycosylated" [Mesh] OR a1c OR "Hyperglycemia" [Mesh] OR "Hypoglycemia" [Mesh] OR "glycemic control" OR "Diabetes Complications" [Mesh] OR "diabetes education" OR "Insulin" [Mesh]. The search terms used for CINAHL Plus were (MH "Diabetes Mellitus+") OR diabet* OR (MH "Hemoglobin A, Glycosylated") OR a1c OR (MH "Hyperglycemia+") OR (MH "Hypoglycemia+") OR (MH "Glycemic Control") OR "diabetes complications" OR (MH "Diabetes Education") OR (MH "Insulin+"). Exploded subject headings were used where available to ensure the results were as comprehensive as possible. We also chose to use the truncated term diabet* to retrieve records that did not yet have subject headings assigned to them and to maximize the sensitivity of the search. All article types were included.

The resulting citations were imported into custom software developed specifically for this project to identify and remove duplicate records, and determine how many articles from the results were published in each year for each journal title. Data entry errors in and data inconsistencies between databases made the use of journal titles and journal ID numbers unreliable for detecting duplicate articles. We found that in many cases the recorded journal titles differed in punctuation, spelling, and/or abbreviation style. On the other hand, we found that article PMID numbers were generally

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¹This article has been peer-reviewed.

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more reliable, so our software identified which journal ID numbers were equivalent by comparing the journal ID numbers from records with the same PMID. A manual check for equivalence was conducted for journal IDs that did not have records with a PMID. Once journal ID equivalence was determined, the software identified and removed duplicate records by comparing citation information. Specifically, the software used article title, author(s), journal ID, year of publication, volume, and issue number to identify duplicate records. Article title and author lists were compared by stripping them of white space (spaces, tabs, etc.) and changing them to all capital letters because data entry errors in the databases make them otherwise incomparable.

Breaking down the number of citations by year provided a visual cue to determine whether a journal had been discontinued or had undergone a title change. Where a title had changed during the time period examined, the number of citations for the old and new titles were added together.

The top 300 journal titles, by number of articles published, were checked for peer-review status using publication information in CINAHL Plus, publisher Web sites, and e-mail inquiries to individual publishers. In cases where a publisher did not respond to the authors' inquiries, the journal was labelled as "unknown" and was considered not to be peer-reviewed for the purposes of the list presented in Appendix A.

Data analysis consisted of dividing the total number of citations retrieved for a given title by the total number of issues (including supplements) published during the 5-year time period. A list of the top 100 titles, as determined by the article/issue ratio, was created to compare with the top 100 titles based on the total number of citations retrieved for each title.

Results

A total of 100 914 unique article citations from 4246 individual journal titles were retrieved from PubMed and CINAHL Plus for the 5-year period from 2003 to 2007. Out of the top 300 titles by number of articles published, 259 were peer-reviewed. Twenty-seven titles were not peer-reviewed publications—including two which were directed at health consumers rather than health professionals—and the peer-reviewed status of 14 titles could not be determined (see Appendix B).

The top 100 peer-reviewed journal titles are listed in Appendix A. They include a mix of general medicine journals and specialty journals covering topics such as diabetes, endocrinology, nephrology, cardiology, chemistry, pharmacology, internal medicine, and nutrition.

Discussion

The obstacles encountered through the course of this project were largely technical in nature. The volume of citations involved was unwieldy for commercial citation management software and made export from CINAHL Plus particularly cumbersome. As a result, the development of custom software was required to overcome the limitations of the commercial software. Data entry errors and inconsistencies posed a challenge to programming our software, as discussed in the Methods above.

Technical issues aside, there are some limitations to the method used to create this list. First, the results were shaped by the databases used. These two databases were chosen because they are generally accessible to practitioners; PubMed is freely available via the Internet, and CINAHL Plus is available through many institutions, as well as the NurseONE portal for Canadian registered nurses [2]. PubMed's focus on clinical medicine and CINAHL Plus' focus on nursing and allied health offer a more varied set of titles indexed than if we had used only one database or the other. However, some relevant journals may not be indexed in either database, while other journals may only be partially indexed. Retrospective indexing may take place, which would change the citation pool, changing the list rankings over time even though the time frame examined remains the same.

Secondly, even though we attempted to conduct a comprehensive search, the search terms used may not have retrieved all relevant articles. Some newer articles may not yet have been assigned subject headings, and some relevant articles may not have been assigned the headings that we used. A search for *diabet** offsets this somewhat, but PubMed cuts off the results of a truncated search after the first 600 citations, so some citations could have been missed.

Finally, journal quality was not taken into account when compiling the list. An argument can be made for ranking the titles in terms of quality rather than quantity, but given the original request was to provide a list of peer-reviewed titles that practitioners could count for credit (not a list of the "best" peer-reviewed journals), this was not done. However, after examining the list, we would argue that many of the journals listed are well known and are considered to be reputable publications.

Journals that are published weekly or even monthly have a potential advantage over those that are published less frequently in terms of the overall quantity of articles published and how high they appear on the list. While the concentration of articles for each journal was unimportant for the original purpose of the larger list created for the Canadian Diabetes Educator Certification Board (to provide a reference list of journals for determining whether an article is acceptable for continuing education credit), the concentration of relevant articles plays a larger role for the purposes of current awareness activities and collection development. Table A1 (see Appendix A) provides two versions of the top 100 list: the left column lists the journals sorted by the raw number of articles published on diabetes during the 5-year period and the right column lists the journals sorted by the number of articles divided by the number of issues (including supplements). The article/issue ratio is intended to give an indication of which journals have a higher concentration of articles relating to diabetes.

Most of the journals listed appear in both versions of the list even though they may occupy a different place in the order. However, there are some journals that appeared in one list but not the other. Notably, *European Diabetes Nursing*, *Journal of the Cardiometabolic Syndrome*, and *Clinical Diabetes* are included in the top 25 journals listed by the article/issue ratio, but these journals did not publish a large enough quantity of articles to be listed at all in the list sorted by quantity. Meanwhile, the prominent journals *BMJ*, *JAMA*, *Lancet*, and *New England Journal of Medicine* published

enough relevant items to be listed in the top 100 journals listed by the raw number of articles but did not have a large enough article/issue ratio to be included in the list sorted by concentration of diabetes articles.

It is unsurprising that many of the journals at the top of the list are focused solely on diabetes. Given the method used to compile the list, one would likely question the list's validity if this had not been the case. However, one of the most interesting things about the two versions of the list is that the top six journals are the same for both. *Diabetes Care*, *Diabetes*, *Diabetic Medicine*, *Diabetologica*, *Diabetes Research and Clinical Practice*, and *Journal of Clinical Endocrinology and Metabolism* rose to the top in terms of both quantity and concentration of articles, the only change being that *Diabetic Medicine* and *Diabetologica* switched positions in the list.

Despite the limitations mentioned above, this list is useful for identifying peer-reviewed journals to monitor for

English-language articles relevant to diabetes and is informative for collection development purposes.

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2. Canadian Nurses Association. *NurseONE.ca Fact Sheets* [fact sheet on the Internet]. Ottawa, Ont.: Canadian Nurses Association; 2008 [cited 2008 July 21]. Most recent version available from http://www.cna-nurses.ca/CNA/documents/pdf/publications/2008_Fact_Sheets_e.pdf.

Appendix A begins on the following page.

Appendix A

Table A1. Top 100 journal titles publishing on diabetes.

Journals by no. of articles published	Rank	Journals by articles/issues ^a
Diabetes Care (3490)	1	Diabetes Care (52.09)
Diabetes (2580)	2	Diabetes (40.31)
Diabetic Medicine (1550)	3	Diabetologia (20.91)
Diabetologia (1359)	4	Diabetic Medicine (20.13)
Diabetes Research and Clinical Practice (1235)	5	Diabetes Research and Clinical Practice (19.3)
Journal of Clinical Endocrinology and Metabolism (1111)	6	Journal of Clinical Endocrinology and Metabolism (18.21)
Journal of Biological Chemistry (870)	7	Diabetes Educator (13.83)
American Journal of Physiology, Endocrinology and Metabolism (743)	8	Diabetes Technology and Therapeutics (13.77)
Circulation (630)	9	American Journal of Physiology, Endocrinology and Metabolism (12.38)
Transplantation Proceedings (587)	10	Diabetes Management Journal (11.82)
Diabetes Educator (567)	11	Diabetes Spectrum (11.35)
Biochemical and Biophysical Research Communications (537)	12	Transplantation Proceedings (11.29)
Endocrinology (497)	13	Diabetes, Obesity and Metabolism (9.91)
American Journal of Clinical Nutrition (494)	14	Journal of Diabetes and its Complications (9.58)
Kidney International (565)	15	European Diabetes Nursing (8.56)
Diabetes Technology and Therapeutics (427)	16	Pediatric Diabetes (8.39)
Nephrology, Dialysis, Transplantation (419)	17	Endocrinology (8.28)
Proceedings of the National Academy of Sciences of the United States of America (408)	18	American Journal of Clinical Nutrition (8.23)
Obesity (Silver Spring, Md.), formerly Obesity Research (379)	19	Cochrane Database of Systematic Reviews (8.05)
Journal of the American Society of Nephrology (375)	20	Journal of the Cardiometabolic Syndrome (7.89)
American Journal of Kidney Diseases (361)	21	Acta Diabetologica (7.46)
Practical Diabetes International (359)	22	Practical Diabetes International (7.33)
Atherosclerosis (341)	23	Endocrine Practice (6.95)
Diabetes, Obesity and Metabolism (337)	24	British Journal of Diabetes and Vascular Disease (6.22)
New England Journal of Medicine (335)	25	Clinical Diabetes (5.90)
Transplantation (335)	26	Obesity (Silver Spring, Md.) formerly Obesity Research (5.74)
Journal of Hypertension (334)	27	Atherosclerosis (5.68)
International Journal of Obesity (2005), formerly International Journal of Obesity and Related Metabolic Disorders (333)	28	Ethnicity and Disease (5.62)
JAMA (329)	29	Journal of the American Society of Nephrology (5.28)
Journal of the American College of Cardiology (309)	30	Hormone and metabolic research (5.17)
European Journal of Endocrinology (308)	31	Kidney International (5.14)
Hormone and Metabolic Research (304)	32	Review of Diabetic Studies (5.13)
Clinical Endocrinology (302)	33	Clinical Endocrinology (5.03)
Journal of Diabetes and its Complications (297)	34	Journal of Hypertension (4.99)
American Heart Journal (291)	35	Endocrine Journal (4.93)
Archives of Internal Medicine (281)	36	Vascular Health and Risk Management (4.93)
Endocrine Practice (278)	37	European Journal of Endocrinology (4.53)
Pediatric Diabetes (277)	38	Preventing Chronic Disease (4.41)
Lancet (272)	39	International Journal of Obesity (2005), formerly International Journal of Obesity and Related Metabolic Disorders (4.38)
BMJ (269)	40	Nephrology, Dialysis, Transplantation (4.32)
Journal of Clinical Investigation (266)	41	Stroke (4.31)
Stroke (263)	42	American Heart Journal (4.28)
Journal of Immunology (Baltimore, Md., 1950) (244)	43	American Journal of Kidney Diseases (4.10)

Table A1. (continued).

Journals by no. of articles published	Rank	Journals by articles/issues ^a
Journal of Pediatric Endocrinology and Metabolism (243)	44	Journal of Endocrinology (3.95)
Current Medical Research and Opinion (238)	45	Journal of Nutrition (3.93)
Journal of Endocrinology (237)	46	Journal of Internal Medicine (3.75)
Journal of Nutrition (236)	47	Journal of Endocrinological Investigation (3.61)
Life sciences (235)	48	Current Opinion in Clinical Nutrition and Metabolic Care (3.57)
Journal of Ethnopharmacology (231)	49	Cell Metabolism (3.50)
British Journal of Diabetes and Vascular Disease (230)	50	Hypertension (3.47)
Diabetes Spectrum (227)	51	Nature Clinical Practice Endocrinology and Metabolism (3.46)
Journal of Internal Medicine (225)	52	Journal of Biological Chemistry (3.33)
Annals of Internal Medicine (224)	53	Arteriosclerosis, Thrombosis, and Vascular Biology (3.30)
Ethnicity and Disease (208)	54	Journal of Pediatric Endocrinology and Metabolism (3.28)
Hypertension (208)	55	Investigative Ophthalmology and Visual Science (3.27)
Journal of Endocrinological Investigation (206)	56	Current Medical Research and Opinion (3.26)
American Journal of Hypertension (203)	57	Endocrine (3.19)
Clinical Therapeutics (201)	58	Journal of Clinical Investigation (3.17)
Diabetes Management Journal (201)	59	Nephrology News and Issues (3.16)
Arteriosclerosis, Thrombosis, and Vascular Biology (198)	60	American Journal of Physiology. Heart and Circulatory Physiology (3.05)
Investigative Ophthalmology and Visual Science (196)	61	Journal of Ethnopharmacology (3.04)
Nephrology News and Issues (196)	62	American Journal of Hypertension (3.03)
Neurology (194)	63	Pancreas (3.00)
International Journal of Clinical Practice (189)	64	Annals of Clinical Biochemistry (2.97)
American Journal of Obstetrics and Gynecology (185)	65	American Journal of Physiology Renal Physiology (2.97)
American Journal of Physiology Heart and Circulatory Physiology (183)	66	Renal Failure (2.91)
British Journal of Nutrition (183)	67	Molecular and Cellular Biochemistry (2.84)
Molecular and Cellular Biochemistry (182)	68	European Journal of Cardiovascular Prevention and Rehabilitation (2.81)
American Journal of Medicine (181)	69	Ophthalmology (2.79)
Acta Diabetologica (179)	70	British Journal of Nutrition (2.77)
American Journal of Physiology. Renal Physiology (178)	71	Biochimica et Biophysica Acta (2.76)
European Heart Journal (175)	72	Clinical Therapeutics (2.75)
Biochimica et Biophysica Acta (174)	73	Nutrition, Metabolism, and Cardiovascular Diseases (2.74)
International Journal of Cardiology (174)	74	Obesity Surgery (2.73)
Clinica Chimica Acta (173)	75	Journal of Autoimmunity (2.64)
Saudi Medical Journal (171)	76	Saudi Medical Journal (2.63)
Heart (170)	77	Clinica Chimica Acta (2.62)
Ophthalmology (170)	78	Pediatric Endocrinology Reviews (2.56)
Pediatrics (167)	79	American Journal of Nephrology (2.56)
American Journal of Epidemiology (166)	80	Archives of Internal Medicine (2.55)
Cochrane Database of Systematic Reviews (161)	81	Annals of Pharmacotherapy (2.54)
Journal of the American Geriatrics Society (156)	82	Current Opinion in Nephrology and Hypertension (2.53)
American Journal of Ophthalmology (155)	83	American Journal of Physiology. Regulatory, Integrative and Comparative Physiology (2.52)
American Journal of Transplantation (155)	84	Journal of Nephrology (2.47)
Annals of Thoracic Surgery (153)	85	American Journal of Obstetrics and Gynecology (2.43)
Drugs (152)	86	American Journal of Ophthalmology (2.42)
American Journal of Physiology Regulatory, Integrative and Comparative Physiology (151)	87	ACP Journal Club (2.40)
Obstetrics and Gynecology (151)	88	Transplantation (2.39)
Nursing Standard (150)	89	Annals of Thoracic Surgery (2.39)
Endocrine Journal (148)	90	Circulation (2.36)
Annals of Pharmacotherapy (142)	91	Obstetrics and Gynecology (2.36)

Table A1. (concluded).

Journals by no. of articles published	Rank	Journals by articles/issues ^a
FEBS Letters (142)	92	International Journal of Clinical Practice (2.33)
Hormone Research (140)	93	Nutrition (2.29)
American Family Physician (139)	94	Journal of Atherosclerosis and Thrombosis (2.23)
Biochemical Journal (138)	95	Heart (2.21)
Advanced Studies in Medicine (137)	96	Growth Hormone and IGF Research (2.18)
Blood (136)	97	Archives of Medical Research (2.18)
European Journal of Clinical Investigation (135)	98	Journal of Pharmacology and Experimental Therapeutics (2.17)
Obesity Surgery (134)	99	Molecular Endocrinology (Baltimore, Md.) (2.15)
Journal of the Association of Physicians of India (133)	100	American Journal of Transplantation (2.12)

Note: Journals that are not included on both sides of the list are in bold.

^aIncludes supplements.

Appendix B

Table B1. Non-peer-reviewed titles from the original top 300 list.

Not peer-reviewed	Peer-reviewed status unknown
Annals of the New York Academy of Sciences	Advances in Experimental Medicine and Biology
AHRQ Research Activities	Asia Pacific Journal of Clinical Nutrition
Biochemical Society transactions	Biological and Pharmaceutical Bulletin
Clinical Advisor for Nurse Practitioners	Clinical chemistry
Current Atherosclerosis Reports	Annual International Conference of the IEEE Engineering in Medicine and Biology Society – IEEE Engineering in Medicine and Biology Society Conference Proceedings.
Current Diabetes Reports	Current Opinion in Lipidology
Current Hypertension Reports	Diabetes and Metabolism
Current Medicinal Chemistry	Diabetes and Vascular Disease Research
Diabetes Forecast (consumer audience)	Diabetes, Nutrition and Metabolism
Diabetes Self-Management (consumer audience)	European Journal of Pharmacology
Diabetes/Metabolism Research and Reviews	Experimental and Clinical Endocrinology and Diabetes
Diabetic Foot	Metabolism: Clinical and Experimental
Endocrinology and Metabolism Clinics of North America	Molecular Genetics and Metabolism
Foot and Ankle International	Treatments in Endocrinology
International Journal of Lower Extremity Wounds	
Iranian Journal of Diabetes and Lipid Disorders	
Journal of Diabetes Nursing	
Medical Hypotheses	
MMWR: Morbidity and Mortality Weekly Report	
Nursing Times	
Ocular Surgery News	
Patient Care	
Podiatry Management	
Practice Nurse	
Proceedings of the Nutrition Society	
Reviews in Endocrine and Metabolic Disorders	
Wounds: A Compendium of Clinical Research and Practice	

Consumer health information services in public libraries in Canada and the US

Susan Murray

Abstract: In response to a growing demand from the public for health information resources, North American public libraries have provided varying levels of consumer health information (CHI) services since the 1970s. Due to the availability of funding in the US, many American public libraries have provided CHI services, although the majority of these have been as partnerships with health sciences libraries or via the “Go Local” programs. In Canada, where no specific funding has been available for CHI services, few public libraries have set up CHI services; health information has generally been provided by augmenting health collections or “virtually,” i.e., by providing links to recommended electronic resources via the library’s Web site.

Consumer health movement

The demand for consumer health information (CHI) is not a recent phenomenon. Following on the heels of the 1960s consumer movement in the US was the women’s health movement in the 1970s and 1980s. Feminist publications such as *Our Bodies Ourselves* and *Healthsharing* encouraged women to become active participants in their health care and spearheaded the health consumer movement in North America [1].

Trends in health information

There has been a growing demand for health information from the public. In the 1990 survey of Ontario public libraries, “typically from 5 to 10 percent of all questions at a public library reference desk involve consumer health” [2]. A sample of US public libraries conducted in the late 1990s found that as many as 20% of reference questions received were health related [3].

Gillaspy [4] cites seven trends or events in 2000–2005 that have significantly impacted the delivery of CHI in all settings—but particularly in public libraries:

- (i) Increased access to the Internet
- (ii) Increased quality of CHI available on the Internet
- (iii) Awareness of effect of unhealthy lifestyles in developing serious health problems
- (iv) Maturation of consumer health movement
- (v) Increase in quality CHI print resources available
- (vi) Emphasis on health literacy
- (vii) September 11

Of all of these, the Internet has most transformed how CHI is distributed and the way that people access health information.

The Pew Internet & American Life Project’s 2007 survey “How people use the internet, libraries, and government agencies when they need help” [5] looked at where people went when they faced complex problems. Forty-five percent of those surveyed were dealing with a serious health problem: 58% used the Internet for help and 13% went to the public library for assistance.

The 2007 Ipsos Canadian Inter@ctive Reid Report found that 85% of Canadians have access to the Internet [6]. Although health was not the most frequent topic searched, it accounted for a large number of searches performed by consumers.

Another continuing trend cited in a recent presentation at the Canadian Health Libraries Association Conference [7] is a growing expectation for consumers to be informed about their health, driven by government, manufacturers, insurers, and workplaces. For example, Wal-Mart has considered discouraging unhealthy people from applying for work by including some physical activity in all jobs [8]. A UK advocacy group emphasizes that health care starts with self-care, going as far as stating that this is a duty of citizenship. A 2007 *New England Journal of Medicine* article looked at what responsibilities should be included in a patient’s charter of health responsibilities and examined how initiatives in Scotland, Germany, and the United States dealt with the ethical questions that it raised [9].

The Internet has been touted as a vehicle for increased self-management; however, the amount of health information available on the Internet has also been shown to be overwhelming and anxiety-provoking. Despite the patient-perceived benefits of bringing Internet health information into medical consultations, family physicians in a study at St. Michael’s Hospital in Toronto believed that Internet information generated patient misinformation, leading to con-

fusion, distress, or an inclination towards detrimental self-diagnosis and/or self-treatment [10]. CHI librarians have responded to this problem by providing guidance (often one-on-one or group training sessions) to assist consumers in locating reliable health information and developing critical skills in evaluating the health information resources that they find on the Internet.

Public libraries as providers of consumer health information

Public libraries are often the first point of access for people seeking health information. Particularly in the pre-Internet era, consumers went to public libraries that they saw as nonthreatening, neutral, and inexpensive sources of health information. However, there were barriers to public libraries taking on a larger role at this time. In the Ontario public library study, reference librarians reported that the major problems that they experienced in providing health information were incomplete or unclear queries from consumers, lack of adequate and appropriate sources in library collections, and their own reluctance to provide health information for fear of being perceived as giving medical advice and interpretation. Many of these points still hold true for public libraries in 2008.

United States

The provision of health information by public libraries is much more prevalent in the US, due much in part to the funding that is available. Library Services and Construction Act Grants and/or Library Service and Technology Grants [11] have provided significant funding for health information services in public libraries. The National Library of Medicine (NLM)—the world's largest medical library—changed its mission statement in 1999 to include health information for the public [12]; funding was made available and led to many partnerships of public and health sciences libraries. A search of the National Network of Libraries of Medicine database, imported from NLM's Outreach Consumer Health Database on 6 June 2008, found 1478 records [13]. The majority of recent grants were to improve access to electronic health information. One example is a grant for approximately US\$38 000 that the Crandall Public Library in New York received to increase accessibility to online CHI for public librarians by providing training on consumer health online resources to 120 librarians in six counties. Grants are also available to assist public libraries in providing health information services to targeted populations, such as African Americans and Hispanic Americans. Another area is health literacy because the majority of health information materials are not written at the optimum accessibility level of grades 2–4.

Only a small percentage of the 16 000 US public libraries have the funding and resources to establish a separate CHI centre [14]. A survey of the Web sites of major US city public library Web sites by IntelliSearch, the Toronto Public Library's fee-based service, only yielded the New York Public Library's Healthinfo service (<http://www.nypl.org/health>). The health information center is open 7 days a week for 64 hours.

A number of CHI services are partnerships between the public library and a health sciences library but are difficult

to locate by checking the public library's Web site. For example, CHIPS (Consumer Health Information Program and Services) is sponsored by the County of Los Angeles Public Library and the Los Angeles County Harbor – UCLA Medical Center Library and is open 6 days a week for 52 hours. Many US public libraries collaborate in the "Go Local" programs with medical and academic libraries, as well as local health associations such as Georgia Health Go Local [15]. Approximately 20 states have complete Go Local coverage, with the remaining having basic coverage via local hospitals. Grants also fund training sessions for public librarians (e.g., a workshop on drug information for the public library being taught by librarians at the Albany College of Pharmacy on 24 June 2008).

Notable examples of successful CHI services in US public libraries are the following:

- (i) Wheaton Public Library in Maryland, funded through a Library Services and Construction Act Grant and Montgomery County
- (ii) New York Public Library's Healthinfo service
- (iii) New Hanover County Public Library

These libraries were also featured among the profile of 12 innovative CHI libraries in the last edition of the most essential resource for those working in the area of CHI: Alan Rees' *Consumer Health Information Sourcebook* [16]. The Consumer Health Information Service at the Toronto Public Library is the only Canadian service listed.

Canada

In Canada, a number of public libraries provide links to health information on their Web sites (Halifax, London, Vaughan, Windsor, Mississauga), but only the Toronto Public Library and Kitchener Public Library advertise a walk-in service.

The Mississauga Public Library has consumer health information resources, but you can only find this by clicking "central library" and "sciences department." The HealthLink service at the Kitchener Public Library, established in 2001, can be found by clicking "for your information," "for your health," and then "HealthLink" or "health sites." This service is open during the same hours as the main library. A number of public libraries have health information guides on their Web sites, such as the Edmonton Public Library (<http://www.epl.ca/EPLMasterHealth.cfm>). Although the Ottawa Public Library has a consumer health collection and health guides, this is not apparent from their Web site; the only way to locate the guides is via the site map (InfoGuides).

In some provinces, public libraries provide provincial-wide service to at least one health database. For example, Newfoundland and Labrador public libraries have a page listing electronic resources that include EBSCO's Health Source database (<http://www.nlpubliclibraries.ca/php/eresources.php>). Nova Scotia has a health network that is provided through the cooperative efforts of public libraries, health sciences libraries, the Nova Scotia Provincial Library (Department of Education), several health-related organizations, and a number of departments of Dalhousie University (<http://www.nshealthnetwork.ca/index.cfm>). The portal links to a number of resources, such as directories with information about health-related organizations in Nova Scotia, information writ-

ten by Nova Scotia health care providers, links to reputable health information sites, access to the Health and Wellness Resource Center, links to databases of libraries in Nova Scotia that provide health information, and an e-mail “Ask a Librarian” service to answer information queries from the public.

The Consumer Health Information Providers Group is a voluntary association of persons in Canada who share an interest in the provision of health information to the general public. The spring 2008 newsletter featured six public libraries that provide some level of health information for consumers: Kitchener, Toronto, Mississauga, Hamilton, Ottawa, and Edmonton (<http://www.chla-absc.ca/chipig/Newsletter/Newsletter2008May.pdf>).

In summary, only two public libraries in Canada were identified as having separate consumer health information walk-in services; most public libraries provide access to health databases or produce health information guides. The majority of CHI services in Canada are hospital-based, relying on volunteers in order to maintain a walk-in service, or are “virtual” services.

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Leadership 101

Column 3: Leadership and emotional intelligence

Laurie Scott

Peter Salovey and John D. Mayer were among the first researchers to coin the term “emotional intelligence” in 1990 [1]. The abstract of their seminal article defines the concept as “a set of skills hypothesized to contribute to the accurate appraisal and expression of emotion in oneself and in others, the effective regulation of emotion in self and others, and the use of feelings to motivate, plan, and achieve in one’s life.” The concept of EI or EQ, as it is abbreviated, became more widely known following the publication of Daniel Goleman’s best-selling 1995 book *Emotional Intelligence* [2]. EI is now firmly entrenched in the literature of business, human resources, and education, among other fields.

Mayer, a professor of psychology at the University of New Hampshire, further outlines his “four branch model of emotional intelligence” with the four “branches” being the ability to (i) accurately perceive emotions in oneself and others, (ii) use emotions to facilitate thinking, (iii) understand emotional meanings, and (iv) manage emotions [3].

Many writers and researchers have posited varying definitions of EI and its components. Mayer refers to these as “mixed models” of emotional intelligence [4]. Other writers caution against confusing EI with having good social skills. Adele Lynn points out that EI is largely focused on an individual’s internal world, while social skills have to do with external relations [5]. Good social skills are part of having emotional intelligence but do not constitute it. Lynn provides a model of EI that includes five competencies for emotional intelligence:

- (1) Self-awareness and self control
- (2) Empathy
- (3) Social expertness
- (4) Personal influence
- (5) Mastery of purpose and vision [6]

It isn’t hard to see how these qualities relate to being an effective leader. They are among the qualities that distinguish a person who leads merely by being in charge or having authority, from a truly effective or inspirational leader. Indeed, Goleman continues to write extensively about EI both through books and online, notably on its relationship to leadership:

Great leaders move us. They ignite our passion and inspire the best in us. When we try to explain why they are so effective, we speak of strategy, vision, or powerful ideas. But the reality is much more primal: Great leadership works through the emotions. No matter what leaders set out to do—whether it’s creating strategy or mobilizing teams to action—their success depends on how they do it. Even if they get everything else just right, if leaders fail in this primal task of driving emotions in the right direction, nothing they do will work as well as it could or should [7].

In the library literature, Peter Herson, a faculty member at the Graduate School of Library and Information Science at Simmons College, has written extensively on leadership. Together with his colleague Nancy Rossiter, he undertook research on the subject of EI and its relationship to library leadership in 2006 [8]. Using five qualities of a mixed model of EI (self-awareness, self-regulation, motivation, empathy, and social skill), they analyzed job advertisements for academic library directors and surveyed a number of Association of Research Libraries (ARL) library directors to determine which of these qualities were sought in new hires and which ones current directors value most. In addition, they interviewed eight of the ARL directors for more in-depth input on the subject. The analysis of the job advertisements revealed some aspects of EI being required for these leadership positions, but the language of the ads required interpretation to reach that determination.

The survey results and comments from the academic library directors are very interesting and reveal the value these librarians place on both emotional intelligence and other leadership qualities. The results are too lengthy to fully summarize here, but the following are some of the traits, as defined by the authors, within the five EI qualities that were ranked most highly by the ARL directors.

Self-awareness

- Cognitive ability to deal with complex scenarios/situations
- Realistic understanding of oneself—emotions, strengths, weaknesses, needs, and drives
- Know where he or she is going, taking the organization
- Sense of humour
- Respect individuality and diversity

Self-regulation

- Stable temperament and ability to maintain an emotional balance under constant tensions
- Integrity
- Comfortable in making judgment calls
- Comfortable with ambiguity
- Flexible in adapting to change or overcoming obstacles
- Skill at diagnostic, strategic, and tactical reasoning

Motivation

- Visionary—able to build a shared vision and rally others around it
- Motivate people to develop and adhere to a shared vision
- Commitment to job, organization, institution, and profession
- Articulate direction for the library
- Optimism, even in the face of failure

Empathy

- Treat people with dignity and respect
- Attract, build, and retain talent
- Good interpersonal/people skills
- Keep organization focused on high-quality service
- Exercise good judgment
- Good listener

Social skill

- Ability to function in a political environment
- Effective in leading change
- Develop and foster partnerships
- Collaborative
- Build rapport with a wide circle of people
- Resonance—inspiring people to work together to solve problems, inspiring excellence [9]

These traits are ones that we would wish our leaders to have, but it is a tall order to expect any one individual to have all of these characteristics in abundance. They are, however, qualities that everyone can work on developing, along with other qualities that are typically associated with leadership, such as professional competence, risk-taking, decisiveness, and curiosity.

This brings to mind the age-old question: are leaders born or made? Is it possible to develop leadership skills? The vast number of leadership courses, articles, institutes, and workshops on the topic would suggest it is possible for people with the interest and drive to pursue it. Having some innate leadership ability clearly would help in this endeavour and may, in fact, be required.

Similarly, the question can be posed: is it possible to develop emotional intelligence? Because so much of EI is related to one's innate, personal qualities, this question would seem harder to answer in the affirmative. Some of the highly valued traits Hernon and Rossiter identify, such as developing partnerships or articulating a direction for the library, likely can be cultivated. On the other hand, can empathy truly be developed in a person who lacks that quality? That's a question for psychiatrists!

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9. Ibid.

Consumer health information

Compiled by Susan Murray

CHIS Blog

Please visit the Consumer Health Information Service (CHIS) Blog (<http://torontopubliclibrary.typepad.com/chis/>) that was launched in September! The intent of the blog is to provide some context on health topics in the news that may be confusing and (or) controversial and provide links to authoritative resources. On occasion, we may promote an upcoming event and link to a substantive resource, such as our September Asthma Fair and Asthma wiki (<http://asthma.wikidot.com/start>).

A few items covered in September were listeriosis and bisphenol A. If you have ideas for blog posts, please go to the blog and click on the “contact CHIS” button.

Top 10 health-related Web sites in 1999: Where are they now? What do librarians recommend?

Consumers and librarians differ in their choices of good starting points for reliable health information. Consumers tend to access popular multi-topic health sites that include news and chatting with experts, while librarians turn to non-profit, often government-supported, sites, including subject-specific sites.

Consumer health sites tend to be volatile. In a 26 August 2008 post entitled “Surviving the Shakeout in

Consumer Health Sites,” Health Content Advisors (<http://www.healthcontentadvisors.com>) predicted that “some companies in the most crowded, undifferentiated and geographically dispersed segments (e.g., sites for rating practitioners, general health and wellness sites, and social media sites where patients share experiences) will fail and some will consolidate.” They mention that Revolution Health is on the block. For a brief description of the site, see “Consumer health information services 2.0”, *Journal of Consumer Health on the Internet*, 2008;12(3):187–99.

What were the popular sites from 9 years ago and which ones have survived? A 15 October 1999 posting on MEDLIIB-L reported that the American Medical Association identified the sites listed in Table 1 as the top 10 health sites. They are listed by their rank among all Web sites and the number of unique visitors for the month. Of the 10 sites, four are no longer available and six are still “live”.

Compare the list in Table 1 with the Medical Library Association (MLA) list; the only overlap is the Mayo Clinic site. The Consumer and Patient Health Information Section (CAPHIS) of MLA has top 10 and top 100 lists. Sites are evaluated on the following criteria: credibility, sponsorship/authorship, content, audience, currency, disclosure, purpose, links, design, interactivity, and disclaimers. The MLA finds the following Web sites particularly useful (sites are listed in alphabetical, not ranked, order):

Table 1. Top 10 health Web sites in 1999.

Rank among health Web sites only	URL	Rank among all Web sites	No. of unique visitors	Status update
1	www.drkoop.com	76	3 474 000	Unchanged
2	www.aolhealth.aol	229	1 508 000	URL changed to aolhealth.com
3	http://www.onhealth.com	246	1 432 000	No longer available; links directly to www.medicinenet.com (site owned and operated by WebMD)
4	www.webmd.com	324	1 207 000	Unchanged
5	www.discoveryhealth.com	405	1 036 000	Unchanged
6	http://www.betterhealth.com	533	819 000	No longer available; links directly to hospital Web site
7	http://www.thriveonline.com	539	813 000	No longer available
8	http://www.mayohealth.org	583	766 000	URL changed to mayoclinic.com
9	http://www.healthyideas.com	637	709 000	No longer available; links directly to Prevention.com
10	http://www.intelihealth.com	898	514 000	Unchanged

- (1) www.cancer.gov
- (2) www.cdc.gov
- (3) www.familydoctor.org
- (4) www.healthfinder.gov
- (5) <http://hivinsite.ucsf.edu>
- (6) www.kidshealth.org
- (7) www.mayohealth.org (URL changed to [mayoclinic.com](http://www.mayoclinic.com))
- (8) www.medem.com/
- (9) <http://medlineplus.gov>
- (10) www.noah-health.org

The Consumer Health Interest Providers Group (CHIPIG) conducted a survey of Canadian health science librarians in 2006 to develop a Canadian top 10 list. Of the 10 listed, three marked with asterisks are no longer in operation, so it's time to conduct a new survey!

- (1) www.canadian-health-network.ca*
- (2) <http://www.womenshealthmatters.ca>
- (3) <http://www.dietitians.ca>
- (4) http://chp-pcs.gc.ca/CHP/index_e.jsp
(Canada Health Portal)*
- (5) <http://hsl.mcmaster.ca/tomflem/top.html>
(Health Care Information Resources)*
- (6) www.sexualityandu.ca
- (7) <http://www.aboutkidshealth.ca/>
- (8) <http://www.passeportsante.net/>
- (9) <http://www.ontario.cmha.ca/>
- (10) www.bchealthguide.org

Notable new publications and Web sites

Medpedia Project

http://www.medpedia.com/index.php/Main_Page

Coming by the end of 2008 is the Medpedia Project, a global project to serve both the medical community and consumers. "In association with Harvard Medical School, Stanford School of Medicine, Berkeley School of Public Health, University of Michigan Medical School and other leading global health organizations, the Medpedia community seeks to create the most comprehensive and collaborative medical resource in the world." Organizations can apply online to have their content listed; the Medpedia Project is looking for content that is copyright-free or in the public domain and freely editable.

NIHSeniorHealth

<http://nihseniorhealth.gov/>

NIHSeniorHealth, from the US National Institutes of Health, featuring health and wellness information for older adults, launched its redesigned Web site in June 2008. The new design allows users to find their topic more quickly, by an alphabetical index or by category. Watch one of the 95 health videos or learn about other senior-friendly resources. Each month a new or updated topic is highlighted in the Featured Topic section.

New York Times Health Blog

<http://well.blogs.nytimes.com/>

The New York Times Health Blog is moderated by columnist Tara Parker-Pope, who sifts through medical research and expert opinions for practical advice to help readers take control of their health and live well. This active blog, celebrating its first anniversary in September, has had 470 posts and almost 60 000 comments. The 24 September 2008 post was a humorous look at the milestones, such as most blogged vegetable and toughest comment to the moderator. Parker-Pope also comments on or alerts readers to the range of health information in *The New York Times*, particularly in the health and science columns. In addition, *The New York Times* has an extensive health guide with more than 3000 topics available at <http://health.nytimes.com/health/guides/index.html>.

Mayer S, Hogan Smith K, Rios G. Consumer health information services 2.0. *Journal of Consumer Health on the Internet*. 2008;12(3):187–99.

The authors discuss the intersection of health information services and Web 2.0, particularly its impact on MedlinePlus and implications for the work of health sciences librarians. Three examples of consumer health information 2.0 sites (HealthVault, Revolution Health, and IndivoHealth) are briefly discussed.

Scola-Streckenbach S. Experience-based information: the role of web-based patient networks in consumer health information services. *Journal of Consumer Health on the Internet*. 2008;12(3):216–36.

Ever since I read Tom Ferguson's 1996 watershed publication *Health online: how to go online to find health information, support forums, and self-help communities in cyberspace*, I have been interested in the concept of the patient as expert—in this context, connecting, teaching, and supporting each other online. This article (with an extensive bibliography) urges health information professionals to participate in and assist patient networks to provide more proactive and improved health information services.

Patient engagement and health care

http://www.pickereurope.org/Filestore/Publications/Where_are_the_patients_-_WHO_brief.pdf

"Where are the patients in decision-making about their own care?" is the title of a policy brief written for the World Health Organization's European Ministerial Conference on Health Systems, held in Estonia in June 2008. The key messages were that

- (i) consumers have to make important health decisions that affect health outcomes, so strategies to support patient education and engagement should be a fundamental plank of health policy
- (ii) patients can play an important role in understanding the causes of illness, protecting their health and taking appropriate action, choosing appropriate treatments for acute episodes of ill health, and managing chronic illness
- (iii) these roles must be recognized and supported

Consumers seeking health care information

<http://www.resourceshelf.com/2008/08/21/striking-jump-in-consumers-seeking-health-care-information/>

According to a national study by the US Center for Studying Health System Change, there has been a marked increase in the numbers of consumers who are seeking health information. In 2007, 56% of American adults sought information about a personal health concern, up from 38% in 2001. Use of all information sources rose substantially, with the Internet leading the way: Internet information seeking doubled to 32% during the 6-year period. Education level remained the key variable in how likely people are to seek health information. Consumers who actively researched health concerns reported positive impacts: more than half said the information changed their overall approach to maintaining their health, and four in five said that the information helped them to better understand how to treat an illness or condition.

Health literacy

The San Diego Public Library and READ San Diego have easy-to-use interactive modules for health literacy, family, and

workplace literacy. The “You and Your Health” health literacy modules first provide practical information, such as how to adjust the volume, play the videos, use a mouse, print, and move back and forth. Tutorials on health insurance, mammograms, and talking with your doctor on health literacy are available at http://literacyworks.org/sdwebquest/1_health_intro.html.

In September, the US Department of Health and Human Services launched a new version of healthfinder.gov (<http://www.healthfinder.gov>) that is easy to understand and navigate, especially for consumers with limited health literacy. Several possible versions of the Web site and the new prevention content were consumer tested to ensure that the site is user friendly and that people can find what they are looking for. The Quick Guide to Healthy Living uses everyday language and examples. The new myhealthfinder tool provides personalized recommendations for clinical preventive services specific to the user’s age, gender, and pregnancy status (<http://www.itnewsonline.com/showprnstory.php?storyid=13017>).

Current research

Compiled by Sophie Regalado

MacDonald J, Bath P, Booth A. Healthcare services managers: what information do they need and use? *Evidence Based Library and Information Practice*. 2008;3(3):18–38. Available from: <http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/1479/3327>.

Objectives: The purpose of this research project was to gain insight into the information behaviour of healthcare services managers as they use information while engaged in decision-making unrelated to individual patient care. **Methods:** This small-scale, exploratory, multiple case study used the critical incident technique in 19 semi-structured interviews. Responses were analyzed using “Framework,” a matrix-based content analysis system. **Results:** This paper presents findings related to the internal information that healthcare services managers need and use. Their decisions are influenced by a wide variety of factors. They must often make decisions without all of the information they would prefer to have. Internal information and practical experience set the context for new research-based information, so they are generally considered first. **Conclusions:** Healthcare services managers support decisions with both facts and value-based information. These results may inform both delivery of health library services and strategic health information management planning. They may also support librarians who extend their skills beyond managing library collections and teaching published information retrieval skills, to managing internal and external information, teaching information literacy, and supporting information sharing.

Rankin J, Grefsheim S, Canto C. The emerging informationist specialty: a systematic review of the literature. *J Med Libr Assoc*. 2008 Jul;96(3):194–206. Available from: <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=2479064&blobtype=pdf>.

Purpose: A systematic literature review was conducted to synthesize what is known about informationists, highlight program models, and suggest areas for future research. **Methods:** Articles retrieved through database searching were reviewed for relevance. Informationist case reports were identified and coded according to an attributes checklist. Data from other retained publications were synthesized under broad themes. The few research studies found were reviewed for level of evidence. **Results:** Of 113 papers reviewed, the study identified seven classic and eight emerging informationist programs. Two major models are apparent, clinical and research, with priorities differing according to program maturity. The literature synthesis also brought to-

gether current thinking about informationist qualifications; practice roles; setting characteristics; education and training; organizational, programmatic, and service provider success factors; and challenges and barriers. Program outcomes to date are reported, and future research topics suggested. Specific findings will assist informationist program planners. **Conclusions:** While the informationist concept remains in the early adopter stage, it appears that domain knowledge, continuous learning, and embedding (working in context) are essential to success. The need for librarians to transition to greater specialization and libraries to emphasize customized service was underscored. A research agenda focused on information management, dissemination, behaviors, and economics is proposed.

Hendrix D, Hasman L. A survey of collection development for United States Medical Licensing Examination (USMLE) and National Board Dental Examination (NBDE) preparation material. *J Med Libr Assoc*. 2008 Jul;96(3):207–16. Available from: <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=2479044&blobtype=pdf>.

Objective: The research sought to ascertain medical and dental libraries’ collection development policies, evaluation methods, purchase decisions, and issues that relate to print and electronic United States Medical Licensing Examination (USMLE) and National Board Dental Examination (NBDE) preparation materials. **Methods:** The investigators surveyed librarians supporting American Association of Medical Colleges (AAMC)-accredited medical schools ($n = 58/125$) on the USMLE and librarians supporting American Dental Association (ADA)-accredited dental schools ($n = 23/56$) on the NBDE. The investigators analyzed the data by cross-tabulating and filtering the results using EFM Continuum Web survey software. Investigators also surveyed print and electronic USMLE and NBDE preparation materials from 2004 to 2007 to determine the number of publications and existence of reviews. **Results:** A majority of responding AAMC libraries (62%, $n = 58$) provide at least one electronic or online USMLE preparation resource and buy an average of 11.6 print USMLE titles annually. Due to a paucity of NBDE print and electronic resources, ADA libraries bought significantly fewer print resources, and only one subscribed to an electronic resource. The most often reported evaluation methods for both populations were feedback from medical or dental students, feedback from medical or dental faculty, and online trials. Some AAMC (10%, $n = 58$) and ADA libraries (39%, $n = 23$) libraries reported that no evalu-

ation of these materials occurred at their libraries. **Conclusions:** From 2004 to 2007, publishers produced 45 USMLE preparation resources (total $n = 546$) to every 1 NBDE preparation resource (total $n = 12$). Users' needs, institutional missions and goals, financial status, and official collection policies most often underlie decisions to collect or not collect examination preparation materials. Evaluating the quality of examination preparation materials can be problematic due to lack of published reviews, lack of usability testing by libraries, and librarians' and library users' unfamiliarity with the actual content of examinations. Libraries must integrate faculty and students into the purchase process to make sure examination preparation resources of the highest quality are purchased.

Schimming LM. Measuring medical student preference: a comparison of classroom versus online instruction for teaching PubMed. *J Med Libr Assoc.* 2008 Jul;96(3):217–22. Available from: <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=2479068&blobtype=pdf>.

Objective: The research analyzed evaluation data to assess medical student satisfaction with the learning experience when required PubMed training is offered entirely online. **Methods:** A retrospective study analyzed skills assessment scores and student feedback forms from 455 first-year medical students who completed PubMed training either through classroom sessions or an online tutorial. The class of 2006 ($n = 99$) attended traditional librarian-led sessions in a computer classroom. The classes of 2007 ($n = 120$), 2008 ($n = 121$), and 2009 ($n = 115$) completed the training entirely online through a self-paced tutorial. PubMed skills assessment scores and student feedback about the training were compared for all groups. **Results:** As evidenced by open-ended comments about the training, students who took the online tutorial were equally or more satisfied with the learning experience than students who attended classroom sessions, with the classes of 2008 and 2009 reporting greater satisfaction ($P < 0.001$) than the other two groups. The mean score on the PubMed skills assessment (91%) was the same for all groups of students. **Conclusions:** Student satisfaction improved and PubMed assessment scores did not change when instruction was offered online to first-year medical students. Comments from the students who received online training suggest that the increased control and individual engagement with the Web-based content led to their satisfaction with the online tutorial.

Rossall H, Boyes C, Montacute K, Doherty P. Developing research capacity in health librarians: a review of the evidence. *Health Info Libr J.* 2008 Sep;25(3):159–74. PMID 18796077.

This critical review considers current issues of research capacity development in UK health care and the role of health librarianship in this context, placing particular focus on the use of research networks. There is a growing literature base recognizing the need for librarians to engage more with research. The concepts of evidence-based health librarianship and clinical librarianship are discussed in the context of research and examples of existing good practice are reviewed. It is suggested that librarians should build on this

through better consideration of evidence-based methodologies, hierarchies of evidence, improvement of research skills, and a collective endeavour to identify research priorities. The importance research capacity is being given in the Department of Health R&D strategy and the use of networks in achieving this is discussed, and it is suggested that the utilization of networks and collaboration should be undertaken and explored in more depth in developing research capacity in health librarianship. Areas where librarians currently engage with research and use networks and collaborative practices to contribute to the research base are reviewed. A coordinated approach to developing research capacity is called for, and it is argued that the use of networks would be beneficial in assisting the process.

Voisin CE, de la Varre C, Whitener L, Gartlehner G. Strategies in assessing the need for updating evidence-based guidelines for six clinical topics: an exploration of two search methodologies. *Health Info Libr J.* 2008 Sep;25(3):198–207. PMID 18796080.

Background: Because of the expense of updating practice guidelines, recent attention has focused on approaches that can reliably assess any updating required. Shekelle et al. (*Journal of the American Medical Association*, 2001;286:1461–7) proposed using limited literature searches with expert involvement to reduce resources used in assessing whether a guideline needs updating. **Objectives:** This study compared Shekelle's method and the traditional systematic review method regarding comprehensiveness and effort. **Methods:** Two research teams translated critical key questions on screening test treatments and outcomes to Medical Subjects Headings (MeSH) and search strategies. They refined Shekelle's method over three iterations, seeking greater efficiency. Using both methods independently, teams assessed the need to update six topics from the *1996 Guide to Clinical Preventive Services* (US Preventive Services Task Force). Outcomes included completeness of study identification, importance of missed studies, and effort involved. **Results:** The revised review approach produced fewer citations than the traditional approach and saved time, identifying fewer eligible studies than the traditional approach. None of the studies missed was rated important by the experts consulted. **Conclusions:** The revised review approach provides an acceptable method for judging whether a guideline requires updating. Librarians were an integral part of the research process that streamlined the searches.

Bertulis R, Cheeseborough J. The Royal College of Nursing's information needs survey of nurses and health professionals. *Health Info Libr J.* 2008 Sep;25(3):186–97. PMID 18796079.

Aims: To find out about the nursing community's needs in the following areas: information or knowledge to improve practice in the clinical area; information to support lifelong learning and formal study. **Methods:** A questionnaire was circulated in summer 2004 containing questions on types of information source used for particular types of problem or question; specific sources used; ease of access to various information sources including computers and the Internet, and local health library; and workplace culture and environment.

Results: A total of 1715 usable questionnaires were completed and returned. Significant numbers of the nursing community have currently no or limited access to computers. Nursing staff in the independent sector had less access to computers and the Internet than those working for the National Health Service (NHS). Workplace culture was as important as access to IT equipment. **Conclusions:** As a result of the survey, the Royal College of Nursing (RCN) is working with the NHS and the independent health sector to improve access and provide complementary services for the whole nursing community.

Marriott R. Let's stick together: collaborative purchasing of electronic journals in the National Health Service.

Health Info Libr J. 2008 Sep;25(3):218–24. PMID 18796082.

Aim: To describe the process and the lessons learned from the collaborative purchasing of electronic journals by National Health Service (NHS) libraries in the East Midlands, UK. **Results:** The background to a successful joint purchasing initiative is described, including the methodology for selecting titles and the formula for dividing the payment. Factors that have a bearing on successful collaboration are discussed, including use of a Framework Agreement, licensing conditions, and measuring impact. **Conclusion:** NHS librarians working together can leverage collective benefits for users through collaborative purchasing.

BOOK REVIEW / CRITIQUE DE LIVRE

The Accidental Technology Trainer: A Guide for Libraries. By Stephanie Gerding. Medford, N.J.: Information Today, Inc., 2007. 272 pages (soft cover). ISBN 978-1-57387-269-0.

The title for Stephanie Gerding's second book, *The Accidental Technology Trainer: A Guide for Libraries* conveys a great deal about the book's content. By starting with the words "accidental" and "technology", Gerding immediately points to the library field's ambivalent relationship with information technology. Upon adding "trainer", we know that the book is written for librarians who have unexpectedly been given the job of integrating technology instruction into their role and are likely lacking formal training. Next are the words "guide" and "libraries", where the interested reader discovers that what they should expect from this book is a how-to manual for librarians in a variety of contexts. Gerding's book does not disappoint and, in fact, should also prove to be of use to the "intentional" library instructor, whether he or she is new to the role or a seasoned professional wanting to keep their workshops fresh and up-to-date.

Gerding can be considered an authority on the subject of technology instruction, and she draws on her extensive professional experience as a trainer in various library contexts. She also believes that "it takes a village" to inform her readers and adds commentaries and tips from a panel of experts that she surveyed specifically for her book. Despite spending some time in or next door to the business sector (Sirsi/Dynix, the Gates Foundation), Gerding's values remain planted in the library field. She writes from a community-building and social-inclusion perspective in light of the fact that libraries themselves are not businesses. The book itself is organized in such a way that it can be read progressively from beginning to end or dipped into as a reference for those needing fresh ideas. It is an accessible and succinct read at 230 pages (plus an index) and well worth the investment of US\$29.50.

Gerding handles the "why should we teach technology instruction?" question up front in the first chapter. She notes computer literacy skills are vital for meaningful participation in today's society and that libraries exist to support democratic participation. Gerding then devotes the bulk of the book's content to providing an overview of instructional principles, theory, and techniques.

For the instructional guide, Gerding covers a broad array of topics. They range from foundational topics, such as principles for instruction, educational and social theory, and learning styles, to practical tips that include creating interest

and maintaining motivation, the actual workshop planning process, responding to difficult situations, and keeping current. Gerding also includes tools that put her suggestions into practice, such as a self-assessment checklist for instructional skills, a workshop planning template, and examples for promotional flyers, all of which are located in the appendices. Those looking primarily for a technological resource will find treatment of that topic in the final chapter, where numerous resources for staying current with technological advances in the field are listed (these can also be found on her Web site). Philosophically, Gerding advocates for the "guide on the side" over the "sage of the stage", arguing that instructors, particularly when focused on adult learning, are facilitators rather than dispensers of knowledge.

A particular strength of the book is the depth of the treatment of the topic. It would have been simple enough to write a book with a list of techniques, but Gerding goes a step further by grounding her suggestions in learning models and theory. Librarians unfamiliar with Keller's ARCS (attention, relevance, confidence, satisfaction) Motivational Model or Bloom's Taxonomy will find a text that puts them into a meaningful context. For example, Bloom's Taxonomy is suggested as a tool for forming learning objectives. The key message behind the inclusion of theory is that every learner is different, and library instructors must have a flexible teaching style.

One topic that was not discussed that would address meeting the needs of a diverse set of learners is that of Universal Instructional Design (UID), a model that originated in the field of architecture. Including an overview and tips for implementing UID would complement Gerding's inclusive philosophy. Instructional librarians operating under accessibility mandates would benefit most from its inclusion, but universal access to education is, no doubt, a concern for all library instructors.

Health librarians should not expect to find examples specific to the health context, but they will find a generalist text containing a myriad of suggestions that they can adapt to their own library environment. Overall this book is recommended for library sciences collections, staff development resource shelves, or personal collections in need of an instructional manual.

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BOOK REVIEW / CRITIQUE DU LIVRE

Social software in libraries: Building collaboration, communication and community online. By Meredith G. Farkas. Medford, N.J.: Information Today, Inc., 2007. 344 pages (soft cover). ISBN 978-1-57387-275-1. US\$39.50.

In the same way that social software gives a face to the Web, Meredith Farkas' book *Social software in libraries: Building collaboration, communication and community online* provides a concrete and practical identity to the nebulous topic of social software.

Granted the *Library Journal's* Movers & Shakers 2006 Award, Farkas is highly qualified to discuss the topic of social software. She brings significant practical experience from the field as both author and creator of various social software resources, such as the Information Wants to Be Free Blog and Library Success: A Best Practices Wiki.

Designed to be a "nuts-and-bolts guide," Farkas' book provides novice users with basic information and easy-to-follow steps for implementing social software, while appealing to the experienced user with innovative ways to expand current applications of social software tools. Farkas insists librarians be vigilant in using social software, approaching it not as an end in itself, but as a means to building a meaningful online community with others, either within or outside the library environment.

After providing a workable definition of social software, Farkas dedicates each subsequent chapter to a particular social software tool, including mainstream applications such as blogs, wikis, RSS, social networks, and podcasts. Also included are the less widely acknowledged applications like online communities, social bookmarking, virtual reference, mobiles, gaming, and screencasting/vodcasting. Each chapter follows a similar pattern; Farkas clarifies what the technology is, describes its evolution over time, explains how it works, and how it might be used in diverse library settings. The book concludes with a discussion of future trends in social software and practical solutions for staying current on the latest developments in the field. Appended is a list of the tools and institutions discussed, with associated URLs. Further, the book is complemented by an accompanying Web site that ameliorates the dilemma caused by publication delay and the ever-changing nature of technology.

Farkas' initial discussion of the fundamental principles underpinning the concept of social software is useful in setting the stage for the remaining chapters. A solid understanding of these principles is essential to the librarian who hopes to successfully implement social software technologies. Farkas covers the necessary background, discussing portability, easy content creation and sharing, "bottom-up" community development, distributed and real-time conversation, transparency, online collaboration, personalization, and the wisdom of crowds.

The author explains the technical mechanics behind each social software application without weighing down the non-

technical reader in IT technicalities. She further supports these explanations with illustrations derived from real-world situations that are often successful because they have little to do with computers.

Farkas facilitates the users' task of tool selection with a discussion of the options available for each social software technology. She classifies the tools in ways that will aid in the selection of the most appropriate one and considers variables such as cost, user-friendliness, customization, popularity, technical requirements, and ease of startup. Farkas stresses the importance of choosing the tool that will be most widely accepted by library users.

Drawing on her own personal experience and those of her library colleagues, Farkas presents a plethora of practical uses for each social software application. Her proposals for the use of social software applications range from very simple and straightforward ideas that can be executed immediately (such as an internal reference wiki) to increasingly innovative ideas that require careful planning to implement (such as the use of social bookmarking/wikis to allow patron comments in the library catalogue). The author's recommendations for using social software are diverse, including examples like catalogue/Web site maintenance and enhanced searchability, convenient current awareness and effective library marketing, and improved programming. Farkas' suggestions are specific yet sufficiently flexible to allow the reader a vision of how they might be applied to specific library environments. The inclusion of actual examples of institutions' success stories with social software applications gives further credence to the author's ideas. Similarly, Farkas supports her claims in each chapter by providing brief interviews with social software leaders.

Advice on tool selection, user needs assessment, financial implications, and the role the library can play in educating users about the benefits and disadvantages of social software are also included as part of the author's discussion on the implementation process. Farkas is not naïve to the security and privacy issues surrounding social software; she alerts her readers to these concerns and encourages them to investigate fully before adopting new applications.

While the book will be most useful to novice users, it has something to offer to those who are well versed in social software applications. The background on tools and suggestions for their use is applicable to all levels of library employees within all sectors of librarianship. Farkas has successfully captured the essence of social software, and her enthusiasm for the subject is contagious to the risk-taking and innovative librarian.

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NEWS AND NOTES / NOUVELLES ET NOTES

Compiled by Sophie Regalado

Update on plans for the Canadian PMC

Vezina K. *OA Librarian*. 2008 Sep 19

<http://oalibarian.blogspot.com/2008/09/pubmed-central-canada-pmc-canada.html>

Over the summer, NRC–CISTI and the Canadian Institutes of Health Research (CIHR) finalized the first step in the partnership for the PubMed Central Canada agreement process, a national digital repository of peer-reviewed health science research. With CIHR funding now in place, CISTI plans to contribute its technological expertise to build and host the infrastructure and manage and develop the e-repository.

Wolters Kluwer Health reaches agreement to acquire UpToDate

http://www.wolterskluwer.com/WK/Press/Corporate+Headlines/2008/pr_04Sep08.htm

Wolters Kluwer Health, a leading provider of information and business intelligence for students, professionals, and institutions in medicine, nursing, allied health, pharmacy, and the pharmaceutical industry, today announced it intends to acquire UpToDate, the leading evidence-based electronic clinical information resource. This acquisition will strengthen Wolters Kluwer Health's portfolio in the growing point of care and electronic medical record markets by expanding its product and services offerings. Terms of the acquisition were not disclosed.

Patent system seen stifling medical breakthroughs

Alphonso C. *The Globe and Mail*. 2008 Sep 10

<http://www.theglobeandmail.com/servlet/story/RTGAM.20080910.wcopyright10/BNStory/National/home>

An outdated intellectual property system is preventing lifesaving medicines and cutting-edge technologies from reaching those who need them the most, a leading expert on patents asserted. "If things don't change, we're going to all have fewer medicines to treat whatever the next diseases are," warned E. Richard Gold, director of the Centre for Intellectual Property Policy at McGill University. "Not only will we not develop those drugs ... but we won't get the innovative breakthrough drugs unless we change."

More on attempts to undo the NIH policy

Baker G. *Open Access News*. 2008 Sep 11

<http://www.earlham.edu/~peters/fos/2008/09/more-on-attempts-to-undo-nih-policy.html>

The US House of Representatives' Subcommittee on Courts, the Internet, and Intellectual Property held a hearing on the Fair Copyright in Research Works Act, H.R. 6845. The text of the legislation was introduced on 9 September. The legislation would overturn the National Institutes of Health's mandatory public access policy. The witness' written testimony is now available.

Coming soon to My NCBI: New features, new navigation, and My Bibliography

***NLM Technical Bulletin*. 2008 Sep–Oct;(364)**

http://www.nlm.nih.gov/pubs/techbull/so08/so08_myncbi_redesign.html

This is an overview of the changes coming to My NCBI in the near future.

PubMed discovery objective expands to search results screen

***NLM Technical Bulletin*. 2008 Sep–Oct;(364)**

http://www.nlm.nih.gov/pubs/techbull/so08/so08_discovery.html

As previously announced, new resources are being added to the PubMed search results page (Summary display). Drug Sensor was the first and more will be coming. These resources are being introduced on an experimental basis. They may be made available to a small percentage of users so as to gauge their effectiveness and may even be presented in different ways to see if one format is better than another. Based on what we learn, we will decide how soon to enable a feature for all users, whether to try a different format, or even to go back to the drawing board.

Medical wiki backed by prominent colleges will go live by year's end

Viñas MJ. *The Chronicle of Higher Education*. 2008 Sep 5

http://chronicle.com/free/v55/i02/02a01702.htm?utm_source=at&utm_medium=en

Medpedia, a new online medical encyclopedia to be written and edited by a collaborative group of thousands, with support from several leading medical schools, is calling for volunteers. But not everyone will be accepted. Only those who hold an M.D. or Ph.D. in a biomedical field need apply. That is one way in which the ambitious project, which plans to go live by the end of this year, hopes to set itself apart from existing medical Web sites.

Taylor & Francis to deposit NIH-funded articles into PubMed Central

15 August 2008

http://www.tandf.co.uk/journals/iopenaccess_nih.asp

Academic publisher Taylor & Francis, UK, has announced that it will deposit into PubMed Central (PMC) author manuscripts on behalf of Taylor & Francis, Routledge, and Psychology Press authors reporting NIH-funded research. This service is offered as part of Taylor & Francis' new 2008 deposit agreement with the NIH.

PubMed now indexes videos of experiments and protocols in life sciences

Viñas MJ. *The Chronicle of Higher Education*. 2008 Aug 20

http://chronicle.com/wiredcampus/article/3260/pubmed-now-indexes-videos-of-experiments-and-protocols-in-life-sciences?utm_source=at&utm_medium=en

PubMed Central, the National Library of Medicine's online database, is now indexing videos from *The Journal of Visualized Experiments* (JoVE). According to the publication's official blog, JoVE is "the first video-journal to ever be accepted for publication in PubMed." The online, open-access journal publishes videos of experiments and protocols in the biological and life sciences and offers its video-articles to science bloggers to illustrate their posts.

New copyright bill affects universities and students

Taylor-Vaisey N. *University Affairs*. 2008 Aug-Sep

<http://www.universityaffairs.ca/2008/08/05/new-copyright-bill-affects-universities-and-students.aspx>

Many mainstream commentators voiced opposition to the reforms to Canada's Copyright Act, focusing on how it affects the public's ability to download movies and music. Reaction from the business community and entertainment industry was mixed, while reaction from the education community was largely left off the front pages. Nonetheless, there are important implications for universities and colleges in C-61.

Graduate Professional Certificate in Library Sector Leadership at the University of Victoria

18 July 2008

<http://publicadmin.uvic.ca/gradcerts/library.htm>

The Graduate Professional Certificate in Library Sector Leadership is designed to strengthen the capacity of librarians to serve in management and leadership roles in Canada's public, private, and government libraries. The program has been developed in partnership with leaders in the University of Victoria Library. It is designed to meet ongoing demands from professional librarians for comprehensive training in management, leadership, and business skills.

Open access to large-scale drug discovery data

23 July 2008

<http://www.ebi.ac.uk/Information/News/pdf/Press23July08.pdf>

The Wellcome Trust has awarded £4.7 million (€5.8 million) to EMBL's European Bioinformatics Institute (EMBL-EBI) to support the transfer of a large collection of information on the properties and activities of drugs and a large set of drug-like small molecules from publicly listed company Galapagos NV to the public domain. It will be incorporated into the EMBL-EBI's collection of open-access data resources for biomedical research and will be maintained by a newly established team of scientists at the EMBL-EBI. These data lie at the heart of translating information from the human genome into successful new drugs in the clinic.

Research funding agencies commit to strategic directions for Canadian Common CV

23 July 2008

<http://www.cihr-irsc.gc.ca/e/36723.html>

The Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC), the Social Sciences and Humanities Research Council (SSHRC), and Quebec's three research-funding agencies renewed their vision for the Canadian Common CV and reached an agreement to implement a new, long-term business plan. The plan is designed to leverage advances in information and communication technology for the benefit of researchers across Canada.

Reaction to proposed copyright reforms mixed

Hill D. *Law Times*. 2008 Jul 28

http://www.lawtimesnews.com/index.php?option=com_content&task=view&id=4177&Itemid=82

The reaction to Bill C-61, the latest round of proposed reforms to Canada's Copyright Act, introduced in the House of Commons in June by Industry Minister Jim Prentice, has varied—from little reaction at all to outrage over the bill's anti-circumvention provisions. The bill has been heavily criticized for the lack of public consultation on the matter, as well for having given the appearance that it was the result of heavy lobbying by American media industries to replicate the US Digital Millennium Copyright Act.

Former employees of Google prepare rival search engine

Helft M. *The New York Times*. 2008 Jul 28

<http://www.nytimes.com/2008/07/28/technology/28cool.html?em&ex=1217563200&en=95ba72c8be8ddb50&ei=5087%0A>

In her 2 years at Google, Anna Patterson helped design and build some of the pillars of the company's search engine, including its large index of Web pages and some of the formulas it uses for ranking search results. Now, along with her husband, Tom Costello, and a few other Google alumni, she is trying to upstage her former employer. Their company, Cuil, unveiled a search engine that they promise will be more comprehensive than Google's and that they hope will give its users more relevant results.

Government copyright bill runs counter to emphasis on environment

Geist M. *Ottawa Citizen*. 2008 Jul 22

<http://www.canada.com/ottawacitizen/news/bustech/story.html?id=0ea363f6-f0e0-4a69-9a9f-414e4e65a4cb&p=1>

Canadian politicians entered the summer recess expecting to get an earful about the environment from their constituents. To the surprise of many, the digital environment has joined the physical environment as one of the hot button issues of the summer. Bill C-61 establishes new barriers to the reuse of electronics. Bill C-61 also creates new barriers in the race toward network-based computing, which forms part of the ICT industry's response to the fact that it accounts for more carbon emissions than the airline industry.

Research Data Strategy Working Group: opening new pathways to Canadian research data

23 July 2008

<http://data-donnees.gc.ca/eng/about/backgrounder.html>

NRC-CISTI Director General and Chair of the Research Data Strategy (RDS) Working Group Pam Bjornson is pleased to announce a collaborative effort to address the challenges and issues surrounding the access and preservation of data arising from Canadian research. The RDS Working Group is a multidisciplinary group of universities, institutes, libraries, granting agencies, and individual researchers bonded by a shared recognition of the pressing need to deal with Canadian data management issues. The group is focusing on the necessary actions, next steps, and leadership roles that researchers and institutions can take to ensure Canada's research data is accessible and usable for current and future generations of researchers.

Google Knol opens to public

Phillips A. *ABC News*. 2008 Jul 24

<http://abcnews.go.com/Technology/AheadoftheCurve/story?id=5441051>

In a move widely seen as the Silicon Valley behemoth's answer to Wikipedia, this week Google opened Knol, its own user-generated encyclopedia, to the public. Unlike Wikipedia, people who write entries on Google's encyclopedia are identified and could even earn a profit from their articles with ads. The more times the article is viewed, the more an author can get paid. Google, of course, gets a cut of the profits.

PubMed Central submissions jump sharply under new NIH policy

Library Journal. 2008 Jul 24

<http://www.libraryjournal.com/info/CA6581624.html?nid=2673#news1>

In the months since passage of the National Institutes of Health's (NIH) mandatory public access policy in late December of 2007, the number of submissions to the National Library of Medicine's (NLM) PubMed Central (PMC) repository, where authors are now required to deposit their NIH-funded research papers, has risen significantly. According to NIH statistics, submissions to PMC began steadily rising in December 2007, soon after it became clear a mandatory policy would be adopted in 2008. By the first month following passage of the new policy, January 2008, monthly submissions to PMC hit an all-time high of 1255, and have continued to increase significantly every month so far this year.

Introduction to health services research: a self-study course

NLM Technical Bulletin. 2008 Jul–Aug;(363)

http://www.nlm.nih.gov/pubs/techbull/ja08/ja08_hsr_self_study.html

The e-learning course “Introduction to health services research: a self-study course” is a free and open set of modules and case studies that students may study as time permits. This is a self-paced course with no instructor. The completely revised e-learning course introduces students to health services research—its key issues, its history, the innovators and leaders who contributed to the field’s development, and the many key organizations that produce and make health services research accessible to researchers, librarians, and the public.

Drug sensor added to PubMed results page

NLM Technical Bulletin. 2008 Jul–Aug;(363)

http://www.nlm.nih.gov/pubs/techbull/ja08/ja08_drug_sensor.html

The PubMed Summary results page will soon show results from other high-quality resources in a column to the right of the PubMed search results.

PubMed training materials updated

NLM Technical Bulletin. 2008 Jul–Aug;(363)

http://www.nlm.nih.gov/pubs/techbull/ja08/ja08_pm_training_updates.html

The June 2008 edition of the PubMed training workbook is now available for download from the NLM Web site. The current edition of the PubMed workbook has been reorganized to better emphasize search techniques and reflects changes through June 2008 including the changes to Automatic Term Mapping and the new Citation Sensor. The manual is available for downloading in Portable Document Format (PDF) and Microsoft Word formats.

Unprecedented degree of collaboration: Canadian funding agencies form consortium to support cancer stem cell research

Research Money. 2008 July 7;22(11)

Several influential research organizations have come together in a consortium to fund collaborative cancer stem cell research between Canadian and Californian scientists—an initiative that will soon be expanded throughout Canada and internationally. The Cancer Stem Cell Consortium (CSCC) was launched in San Diego last month with more than \$100 million in funding from the founding participants. But that amount could climb much higher as discussions with other organizations including the private sector bear fruit.

Nature Publishing Group to archive on behalf of authors

8 July 2008

http://www.nature.com/press_releases/archive.html

Nature Publishing Group (NPG) has encouraged self-archiving, including in PubMed Central, since 2005. Later in 2008, NPG will begin depositing authors’ accepted manuscripts with PubMed Central (PMC) and UK PubMed Central (UKPMC), meeting the requirements for authors funded by the Howard Hughes Medical Institute (HHMI), the National Institutes of Health (NIH), The Wellcome Trust, the Medical Research Council, and a number of other major funders in the US, the UK, and Canada who mandate deposition in either PMC or UKPMC. NPG hopes to extend the service to other archives and repositories in future.

Open Access Policy will give researchers worldwide immediate access to OICR data

30 June 2008

http://www.oicr.on.ca/portalnews/vol2_issue3/access.htm

The Ontario Institute for Cancer Research (OICR) is taking the lead in 2008 and making the research it funds available to the public through an open access policy that takes effect 1 July. OICR's policy, Access to Research Outputs, provides the guidelines for OICR's scientists when they publish their work and describes the institutional repository where all publications from OICR scientists will be deposited for public accessibility.

ProQuest signs agreement to acquire dialog business from Thomson Reuters

12 June 2008

<http://www.proquest.com/en-US/aboutus/pressroom/08/20080612.shtml>

ProQuest, a Cambridge Information Group company, has signed an agreement under which ProQuest would acquire the Thomson Reuters Dialog business. The transaction is expected to close pending a successful completion of the formal consultation period and other customary closing conditions. Financial terms of the transaction are not disclosed. The acquisition of Dialog would allow ProQuest to deepen its penetration in the corporate library and professional research markets with a valued brand, authoritative content, and precision search tools.

RefWorks introduces new current awareness service — RefAware

<http://www.refaware.com/newsevents/RefAware%20-%20Press%20Release%20-%202003.04.08.pdf>

RefWorks, the leading provider of Web-based research management, writing, and collaboration tools for the academic and research communities, has announced the release of RefAware, a new online personal research assistant and monitoring service that enables members of the academic community and other researchers to stay abreast of the latest publications and research in their field instantly.

EBSCO Publishing introduces EBSCOhost 2.0

28 June 2008

<http://www2.ebsco.com/EN-US/NEWSCENTER/Pages/ViewArticle.aspx?QSID=235>

EBSCO Publishing, one of the leading providers of online research databases, is introducing the next generation of its popular EBSCOhost user interface, EBSCOhost 2.0—offering a clean new look and feel. Users will notice a technologically sophisticated, yet familiar search experience. The new interface offers an intuitive approach to searching online databases. EBSCO Publishing's Chief Information Officer, Michael Gorrell, says the essential element of the redesign was recognizing the expectations of millions of Internet users who also rely on EBSCOhost. "People are accustomed to working on the Web, and they have come to expect that all sites operate in similar sophisticated yet intuitive ways. We felt it was important that our redesign allowed research databases to seem natural and familiar to all users."

Meetings, conferences, and workshops

2009 Super Conference

28–31 January 2009, Toronto, Ont., Canada. For details check the conference Web site at http://www.accessola.com/olabins/content_page.asp?cid=5.

2009 ALISE Annual Conference

Association for Library and Information Science Education. 20–23 January 2009, Denver, Colo., USA. For details check the conference Web site at <http://www.alise.org/mc/page.do?sitePageId=62136&orgId=ali>.

ALA 2009 Midwinter Meeting

American Library Association. 23–28 January 2009, Denver, Colo., USA. For details check the conference Web site at <http://www.ala.org/ala/conferencesevents/upcoming/midwinter/home.cfm>.

Technology/09

Common Ground. 30 January – 1 February 2009, Huntsville, Ala., USA. For details check the conference Web site at <http://t09.cgpublisher.com/>.

Electronic Resources & Libraries

University of California, Los Angeles. 9–12 February 2009, Los Angeles, Calif., USA. For details check the conference Web site at <http://www.electroniclibrarian.org/ocs/index.php/erl/2009>.

ACRL 14th National Conference

Association of College & Research Libraries. 12–15 March 2009, Seattle, Wash., USA. For details check the conference Web site at <http://www.ala.org/ala/mgrps/divs/acrl/events/seattle/seattle.cfm>.

Professional development

Education Institute: Ten trends & technologies for 2009

Tuesday, 13 January 2009

1:00 pm ET (1 hour) – Audio conference

Instructor: Michael Stephens

Member: \$54.00; Non-Member: \$74.00

What technologies and trends should librarians be watching? Transparency, Micro-content, Open Source, and more will be included. What's the next big thing as we move into 2009? Join librarian and Tame the Web blogger Michael Stephens for a discussion of 10 technologies to be aware of now and beyond. How do trends impact library services?

Education Institute: Designing effective questionnaires: What every librarian needs to know!

Friday, 16 January 2009

1:00 pm ET (1 hour) – Audio conference

Instructor: Lisa M. Given

Member: \$54.00; Non-Member: \$74.00

This session will explore strategies for effective questionnaire design, including issues related to layout, question selection, and preparation for data analysis. Related topics, such as enhancing response rates and practical tips for data management, will also be discussed. Participants will have the opportunity to critique and revise an existing questionnaire.

Education Institute: Using information technology to teach information literacy

Thursday, 15 January 2009

3:00 pm ET (1 hour) – Web conference

Instructors: Trudi Jacobson and Tom Mackey

Member: \$75.00; Non-Member: \$95.00

This session will explore effective models for integrating technology into information literacy instruction and will cover three key areas: the collaborative Web, course management systems, and portfolio and on-line assessment tools. One of the highlights of the program will include a discussion of using blogs, wikis, and RSS in a course about Social and Community Informatics that also combines information literacy, oral discourse, and service learning.

FIS Professional Learning Centre: Copyright: Understanding and applying the rules

Wednesday, 14 January 2009

1 day (6 hours); 9:00 AM – 4:00 PM

Instructor: Jean Dryden

Fee: \$199.00 (US\$191.00)

For course details visit <http://plc.fis.utoronto.ca/coursedescription.asp?courseid=26>

Led by an expert in Canadian copyright, this practical course uses a combination of lecture, cases and discussion to guide you through the key provisions of the Canadian Copyright Act and to provide tools to analyze and deal with copyright issues and problems.

FIS Professional Learning Centre: Copyright in images

Thursday, 15 January 2009

1 day (6 hours); 9:00 AM – 4:00 PM

Instructor: Jean Dryden

Fee: \$199.00 (US\$191.00)

For course details visit <http://plc.fis.utoronto.ca/coursedescription.asp?courseid=199>

Through lecture, examples, discussion, handouts, and case studies, this 1-day course will present the copyright rules that apply specifically to all types of “artistic works” and the application of the rules within the overall context of the Canadian Copyright Act.

FIS Professional Learning Centre: Freedom of information and privacy protection

Monday, 19 January 2009 – Sunday, 8 March 2009

7 weeks (Web)

Instructor: David Hopkins

Fee: \$395.00 (US\$379.00)

For course details visit <http://plc.fis.utoronto.ca/coursedescription.asp?courseid=176>

This instructor-led online course discusses, in practical terms, best management and protection of personal and sensitive information as well as access to public-sector information. Participants are provided with knowledge and tools to ensure proper control over organizational information resources and compliance with legislative requirements.

FIS Professional Learning Centre: Web site implementation and management

Saturday, 24 January 2009 – Saturday, 14 March 2009

8 weeks (24 hours); 9:30 AM – 12:30 PM

Instructor: Patrick Donoahue

Fee: \$595.00 (US\$571.00)

For course details visit <http://plc.fis.utoronto.ca/coursedescription.asp?courseid=100>

Learn how to design, build, and maintain a Web site in this broad survey course that covers everything from basic HTML to Web design tools to promoting your site. As part of the course, students will design an entire Web site and implement its framework. The course focuses on creating Web sites to international standards as set out by the W3C (World Wide Web Consortium) and WAI (Web Accessibility Initiative). Students will develop Web site projects using XHTML and CSS—also known as “best web practices.”

FIS Professional Learning Centre: Advocating for libraries and library issues: A plan for success

Monday, 2 February 2009 – Sunday, 15 March 2009

7 weeks (Web)

Instructors: Kathleen DeLong and Pam Ryan

Fee: \$395.00 (US\$379.00)

For course details visit <http://plc.fis.utoronto.ca/coursedescription.asp?courseid=209>

This Web-based, instructor-led course is for participants seeking ways to effectively position their library for success with decision-makers and constituents. Advocacy is about raising awareness and gaining commitment that leads to action. Successful libraries understand the advocacy process and exercise professional leadership in gaining the attention and commitment of decision-makers to address the library’s issues. Advocacy may relate to policy, funds, support, or partnership, and may be directed to external or internal decision-makers. The course includes how advocacy relates to promotion and marketing, how to understand your decision-makers’ environments and their perceptions of libraries, and how to identify and engage key stakeholders. Participants will develop an advocacy plan for a particular issue of concern (objectives, target groups, obstacles, communication tools, and evaluation) tailored to their own individual situation or environment.



CALL FOR CONTRIBUTED PAPERS AND POSTERS

The Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada invites you to submit contributed papers or posters for its 2009 annual meeting, to be held in Winnipeg, Manitoba, May 30-June 3. Papers and posters may describe innovative programs/practices or new research findings and should relate to the overall conference theme - "The Sky's the Limit / Horizons illimités".

CALL FOR CONTRIBUTED PAPERS

Join us under Winnipeg's limitless prairie sky, as we explore the horizons of best practice, research, and the evolving role of health librarianship. Though papers will be accepted from a broad range of topics we invite submissions that address, in particular, activities in the following areas:

On the Horizon

- What is the future of e-health and e-resources?
- What innovative programs will support health libraries and health librarianship in the future?

Beyond the Horizon

- What opportunities exist for collaboration in the clinical practice settings?
- How can librarians partner with other professionals to support evidence-based health and knowledge management and translation?

Convergent Horizons

- How will libraries adapt to the shifting landscape of information delivery?
- How can libraries facilitate the convergence of media, technology and social networking tools?

SUBMISSION PROCESS

To submit a paper for consideration, please send an email to Analyn Cohen Baker at Analyn_Baker@umanitoba.ca by **December 15, 2008** with the following information:

- Title of the paper
- Short structured abstract (250 words or less)
- Author(s) name(s), address, email, and work phone number

Structured abstracts should follow JCHLA/JABSC Instruction to Authors at <http://pubs.nrc-cnrc.gc.ca/jchla/jchla26/c04-900.pdf>

All those submitting abstracts for contributed papers will be contacted by the Program Committee by January 19, 2009.

Please note that conference registration fees will not be waived for presenters of contributed papers.

CALL FOR POSTERS

Poster sessions comprise visual presentations of research results, innovative library programs or notable projects. They provide a less formal alternative to contributed papers and plenary sessions and an opportunity for conference delegates to interact directly with those responsible for the poster presentations.

We invite poster submissions that reflect the overall conference theme of the “The Sky’s the Limit / Horizons illimités” and in particular, those that relate to the subthemes outlined above.

SUBMISSION PROCESS

To submit a poster for consideration, please send an email to Analyn Cohen Baker at Analyn_Baker@umanitoba.ca by **December 15, 2008** with the following information:

- Outline of the topic
- Brief structured abstract (no more than 250 words)
- Name(s) and contact information of the presenter(s) including address, email, and work phone number

Structured abstracts should follow the JCHLA/JABSC Instructions to Authors at <http://pubs.nrc-cnrc.gc.ca/jchla/jchla25/c04-900.pdf>

All those submitting abstracts for posters will be contacted by the Poster Committee by January 19, 2009.

Accepted poster presenters will be required to submit electronic versions (PDF, PowerPoint, etc.) of their posters prior to the meeting to give attendees a chance to digest material ahead of time.

Please note that conference registration fees will not be waived for presenters of posters.

POSTER DETAILS

- Poster presenters will be allotted a push-pin, display board (4' x 8') and table space.
- A limited number of electrical connections will be available for electronic poster presentations.
- If you are planning an electronic poster presentation, you must bring your own laptop computer as well as a standalone version of your presentation.
- You will be required to staff your print or electronic poster during a portion of the conference

- Posters will be open to viewing by conference delegates for two days of the conference.

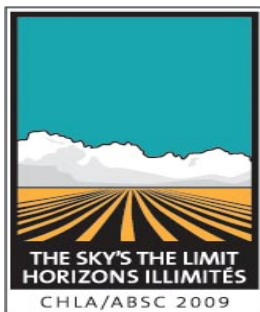
POSTER DESIGN

- Include the title, the author(s), affiliation(s), and a description of the research, highlighting the major elements that are covered in the structured abstract
- Posters are visual – add pictures, graphs, charts etc. to make the poster interesting
- Keep text to a minimum and use a large font size so that the poster can be read from a distance
- Keep some white space - don't overwhelm the reader with too much text or graphics
- Use color creatively
- Consider laminating the poster with a low-glare or matte finish
- Consider bringing copies of your poster for hand-out
- Ensure that your poster is set up and taken down at the specified times

POSTER LINKS:

- <http://www.soe.uoguelph.ca/webfiles/agalvez/poster/>
- <http://educ.queensu.ca/~ar/poster.htm>
- <http://www.esf.edu/its/html/posterref.htm>
- http://www.hsl.unc.edu/services/tutorials/poster_design/home.htm

Please contact the Poster Chair, Analyn Cohen Baker at Analyn_Baker@umanitoba.ca for additional information about themes and sample poster topics.



APPEL de COMMUNICATIONS SIMULTANÉES et d’AFFICHES

L’Association des bibliothèques de la santé du Canada vous invite à soumettre vos communications ou affiches pour la réunion annuelle de 2009 qui aura lieu à Winnipeg, Manitoba du 30 mai au 3 juin. Les projets peuvent décrire les programmes innovateurs, de nouvelles pratiques ou des nouveaux résultats de recherches. Les projets devraient souligner le thème de la réunion – “Horizons illimités”

APPEL DE COMMUNICATIONS SIMULTANÉES

Soyez nos invités à Winnipeg, sous le grand ciel de la prairie. Ensemble, nous ferons l’exploration des limites des nouvelles pratiques et des recherches et le rôle toujours en évolution du bibliothécaire en santé. Bien que les communications simultanées seront acceptées sur une variété de sujets, nous encourageons celles qui concernent les thèmes ci-dessous:

Sur l'horizon

- Quel est le futur de la santé électronique et des ressources électroniques?
- Quels programmes innovateurs vont soutenir les bibliothèques et les bibliothécaires de santé dans le futur?

Au-delà de l'horizon

- Quelles sont les opportunités pour la collaboration dans le cadre de la médecine clinique?
- Comment peuvent les bibliothécaires créer des associations avec d'autres professionnels dans le but de soutenir la santé qui est fondé sur des données probantes et la gestion du savoir.

Les horizons convergent

- Comment les bibliothèques vont-elles s'adapter à un milieu de livraison d'information qui est toujours variable?
- Comment les bibliothèques peuvent-elles faciliter la convergence des médias, la technologie, et les réseaux sociaux.

La date limite pour soumettre une communication est le **15 décembre 2008**. Veuillez soumettre les projets par courriel à Analyn Baker - Analyn_Baker@umanitoba.ca.

Il est essentiel que l'information suivante soit fournie:

- Le titre de la communication
- Un bref résumé (250 mots ou moins)
- Le(s) nom(s) de(s) auteur(s), adresse, courriel, et numéro de téléphone de bureau

Tous les résumés devraient suivre les directives aux auteurs présentés par JCHLA/ JABSC qui se trouvent au lien suivant: <http://pubs/nrc-cnrc.gc.ca/jchla/jchla26/c04-900.pdf>

Toute personne ayant soumis un résumé d'une communication simultanée sera contacté par le comité de programme avant le 19 janvier 2008.

Veuillez noter que les personnes qui feront la présentation d'une communication simultanée ne seront pas dispensées des frais d'inscription.

DEMANDE D'AFFICHES

Les séances d'affiches comprennent la présentation visuelle des résultats de recherche, des programmes de bibliothèque innovateurs ou des projets notables. Les séances devraient offrir une présentation moins formelle que les communications simultanées ainsi que fournir un environnement pour les délégués de communiquer avec les présentateurs.

Nous invitons des affiches qui soulignent le thème de «Horizons illimités» et plus particulièrement celles qui concernent les sous-thèmes indiqués ci-dessus.

La date limite pour soumettre une affiche est le **15 décembre 2008**. Veuillez envoyer vos messages par courriel à Analyn Baker (Analyn_Baker@umanitoba.ca) avec les informations suivantes:

- Un résumé du sujet
- Un bref résumé (250 mots ou moins)

- Le nom ou les noms des présentateurs et leurs coordonnées, y compris l'adresse, courriel et numéro de téléphone du bureau.

Tous les résumés devraient suivre les directives aux auteurs présentés par JCHLA/ JABSC au lien suivant: <http://pubs.nrc-cnrc.gc.ca/jchla/jchla25/c04-900.pdf>

Toute personne ayant soumis une affiche sera contactée par le comité d'affichage avant le 19 janvier 2009.

Toute personne admis comme présentateur sera obligé de soumettre une version électronique (PDF, PowerPoint, etc) de leurs affiches avant la réunion afin que les délégués aient l'opportunité d'assimiler le matériel en avance des présentations.

Veillez noter que les personnes qui feront la présentation d'une affiche ne seront pas dispensées des frais d'inscription.

RENSEIGNEMENTS POUR LES AFFICHES

- Les présentateurs d'affiches seront donnés une punaise, un panneau d'affichage (4' x 8') et d'espace sur un table.
- Un nombre limité de prises seront disponible pour des présentations électroniques.
- Si vous voulez présenter une affiche électronique il est essentiel que vous apportiez votre propre «laptop» (ordinateur portable) ainsi qu'une copie papier de votre présentation.
- Il y aura un vernissage des affiches pour les délégués d'une durée de deux jours durant la réunion.

TRUCS POUR LA CONCEPTION D'AFFICHES

- Inclure le titre, les auteurs et les affiliations, et une description de la recherche qui met l'accent sur les éléments principaux dans le résumé.
- L'affiche est un produit visuel – il est important d'ajouter des images, des graphiques, ou des tableaux.
- Minimiser la quantité de texte et utiliser une fonte de grande taille afin que l'affiche soit lue à distance.
- Laisser du vide – Ne pas inonder le lecteur avec trop de texte ou images.
- Faire preuve d'originalité avec l'utilisation de la couleur.
- Si vous laminer votre affiche, considérer un fini anti-reflet ou mat.
- Considérer la possibilité de donner des copies papier de votre affiche.
- S'assurer que l'affiche sera installée et enlevée au moment prévu.

Veillez consulter ces sites web pour plus d'informations et indices au sujet de la création d'affiches:

- <http://www.soe.uoguelph.ca/webfiles/agalvez/poster/>
- <http://educa.queensu.ca/~ar/poster.htm>
<http://www.esf.edu/its/html/posterref.htm>
http://www.hsl.unc.edu/services/tutorials/poster_dseign/home.htm

Pour plus de renseignements contacter la présidente du sous-comité des affiches - Analyn_Baker@umanitoba.ca

